



CITY OF MARYSVILLE FIRE CONSTRUCTION PERMIT APPLICATION

PERMIT NUMBER: _____

What year Building/Fire Code Reviewed: _____

- | | | | |
|---|---|--|---|
| <input type="checkbox"/> Fire Sprinkler
Above Ground | <input type="checkbox"/> Fire Sprinkler
Under Ground | <input type="checkbox"/> Fire Alarm | <input type="checkbox"/> Special Extinguishing System |
| <input type="checkbox"/> Battery System | <input type="checkbox"/> L P Gas | <input type="checkbox"/> Compressed Gas | <input type="checkbox"/> Flammable/Combustible Liquid |
| <input type="checkbox"/> Hazardous Material | <input type="checkbox"/> Hydrant | <input type="checkbox"/> Industrial Oven | <input type="checkbox"/> Spraying/Dipping |
| <input type="checkbox"/> Tent/Canopy | <input type="checkbox"/> Fire Pump | <input type="checkbox"/> Standpipe | <input type="checkbox"/> Other _____ |

1. Tenant Name _____
2. Site Address _____
3. Complex Name _____
4. Type of Work: New System () Modification ()
5. Description of Work ((be specific) _____
6. Number of New or Relocated Sprinklers _____
7. Central Station Monitoring Company _____ Phone: _____
8. Number of plans submitted (minimum 5 sets): _____

Contractor: _____	Phone: _____
Address: _____	Fax: _____
State Contractor's License: _____ City License: _____	

Snow Loads 25 lbs. Seismic Zone D Wind Speed 85 mph Exposure "B"

Does Your Submittal:

- | | |
|---|---------------|
| 1. Include dimensions, scale and north arrow? | Yes() No () |
| 2. Include floor plan and cross sectional elevation? | Yes() No () |
| 3. Show all concealed spaces (labeled combustible or non combustible?.) | Yes() No () |
| 4. Include cut sheets or references for all devices? | Yes() No () |
| 5. Show all areas on opposite side of new walls? | Yes() No () |
| 6. Include location and description of any existing equipment, wiring and/or devices? | Yes() No () |
| 7. Show where within a larger building and/or group of buildings this work will be occurring? | Yes() No () |
| 8. Included battery calculations for all energy using equipment or devices? | Yes() No () |
| 9. Show all PIV's, FDC and vaults? | Yes() No () |

NOTE: ALLOW A MINIMUM OF THREE WEEKS FOR REVIEW PROCESS.

Applicant Signature _____ Date: _____

Contact (Please Print): _____ Contact Phone: _____

FOR CITY USE ONLY

Sprinkler Permit	\$50.00
Admin./Postage & Handling	
_____ heads @ \$.50 ea,	
Plan Review Fee	
State Issuance Fee	\$4.50
Total	

To schedule fire inspections, or to ask plan review questions, contact: 360-363-8506
To contact the fire marshal: 360-363-8508
To contact the fire inspector: 360-363-8522

(Minimum Plan Review Fee: \$75.00)

APPLICATION MUST BE COMPLETED IN ITS ENTIRETY TO AVOID ANY POSSIBLE DELAY!